

CUT ALONG VERTICAL DOTTED LINE. FOLD ON HORIZONTAL DOTTED LINES WITH ADDRESS SHOWING. AFFIX STAMP AND MAIL. USE TAPE DONOT STAPLE.

WINGS FLY-IN WEEKEND PILOT REGISTRATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PILOT CERTIFICATE TYPE _____

MEDICAL CLASS _____ DATE EXPIRES _____

DO YOU OWN AN AIRCRAFT: YES ☐ NO ☐

AIRCRAFT TYPE _____ N NUMBER _____

FOR WHICH PHASE ARE YOU ELIGIBLE? _____

WHICH DAYS ARE YOU PLANNING TO ATTEND? FRIDAY ☐ SATURDAY ☐ SUNDAY ☐
morning

FOR PLANNING PURPOSES INDICATE WHICH DAYS YOU PLAN TO STAY FOR DINNER. FRIDAY ☐ SATURDAY ☐
(This does not constitute a commitment)

If you download this from Website, complete and mail this form to: Flight Standards District Office,
1250 North Airport Drive, Suite 1, Springfield, IL 62707-8417
Return of this completed form highly recommended, especially if you plan to fly on Sunday morning.

PILOT RESPONSIBILITY STATEMENT*

During my participation in the **WINGS** pilot proficiency award program, I understand that I will be required to act as pilot in command in accordance with FAR 91.3 Responsibility and Authority of the Pilot in Command. I also understand that my flight instructor will not act as pilot in command during any portion of the flights that I make as part of this program.

I currently possess the certificates and ratings which I am required to have in accordance with FAR 61.5 to fly the aircraft that I intend to use in the pilot proficiency award program. I certify that I meet the recent flight experience requirement outlined in FAR 61.57 to act as pilot in command of that aircraft.

I also certify that the aircraft that I intend to fly meets all the requirements of FAR 91.409 with regard to required inspections. I understand that it is my responsibility to determine that the aircraft is in an airworthy condition before any flight and that it is also my responsibility to conduct the preflight actions required FAR 91.103 prior to any flight in the pilot proficiency award program.

I also agree **not** to carry any passengers during the training that I do during my participation in the pilot proficiency award program.

Signature _____ Date _____

* Signature not required when renting aircraft and utilizing flight instructors from Central Illinois Aviation.